

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION	AK/29.7		
O.I.P.E. CLASSIFIER			8-3-01
FORMALITY REVIEW	ku	1019	08-31-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8/13/01
2	✓
3	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here